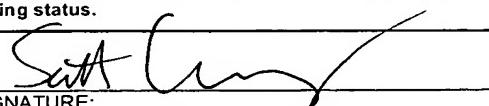


EXPRESS MAIL LABEL NO.: EV373692610US  
DATE: December 13, 2004

|  |   |   |
|--|---|---|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |   | ATTORNEY'S DOCKET NUMBER<br><b>REGIM 3.3-046</b>                    |
|  |   | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>107517796</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR03/01808  | INTERNATIONAL FILING DATE<br>13 June 2003 | PRIORITY DATE CLAIMED<br>14 June 2002                               |
| TITLE OF INVENTION     DE-ICED TOTAL AIR TEMPERATURE SENSOR  |   |   |
| APPLICANT(S) FOR DO/EO/US     Marc Bernard, Cyril Barre, and David Lapeyronnie   |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |   |
| <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li><input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li><input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))             <ol style="list-style-type: none"> <li><input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li><input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li><input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li><input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).             <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> is attached hereto.</li> <li><input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li><input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))             <ol style="list-style-type: none"> <li><input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li><input type="checkbox"/> have been communicated by the International Bureau.</li> <li><input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li><input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li><input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</li> <li><input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</li> </ol> |   |   |
| Items 11 to 20 below concern document(s) or information included:  |   |   |
| <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li><input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li><input type="checkbox"/> A preliminary amendment.</li> <li><input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</li> <li><input type="checkbox"/> A substitute specification.</li> <li><input type="checkbox"/> A power of attorney and/or change of address letter.</li> <li><input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li><input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li><input checked="" type="checkbox"/> Other items or information: Copy of Face Page of International Application as published, Copy of International Preliminary Examination Report (French), Six (6) Sheets of Formal Drawings, Return Receipt Postcard</li> </ol>   |   |   |

|  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
|--|-----------------------------|---|------------|--------------------------|----------|-------------------------------------|-----------------------------|----------|----|--------|--|-------------------------------------|--------------------------|----------|----|--------|--|-------------------------------------|---------------------|----------|----|--------|--|--|--|--|----|----------|--|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.6)  |                             | INTERNATIONAL APPLICATION NO.   |            | ATTORNEY'S DOCKET NUMBER |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <b>10751796</b>  |                             | PCT/FR03/01808  |            | REGIM 3.3-046            |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| 21. The following fees are submitted:  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>a) Basic national fee .....</td> <td>\$300.00</td> <td>\$</td> <td>300.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>b) Examination fee .....</td> <td>\$200.00</td> <td>\$</td> <td>200.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>c) Search fee .....</td> <td>\$500.00</td> <td>\$</td> <td>500.00</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b></td> <td>\$</td> <td>1,000.00</td> <td></td> </tr> </table> |                             |   |            |                          |          | <input checked="" type="checkbox"/> | a) Basic national fee ..... | \$300.00 | \$ | 300.00 |  | <input checked="" type="checkbox"/> | b) Examination fee ..... | \$200.00 | \$ | 200.00 |  | <input checked="" type="checkbox"/> | c) Search fee ..... | \$500.00 | \$ | 500.00 |  | <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b> |  |  | \$ | 1,000.00 |  |
| <input checked="" type="checkbox"/>  | a) Basic national fee ..... | \$300.00  | \$         | 300.00                   |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <input checked="" type="checkbox"/>  | b) Examination fee .....    | \$200.00  | \$         | 200.00                   |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <input checked="" type="checkbox"/>  | c) Search fee .....         | \$500.00  | \$         | 500.00                   |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>   |                             |   | \$         | 1,000.00                 |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| Total Sheets   | Extra sheets                | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE       |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| 13 - 100 =   | /50 =                       |   | x \$250.00 |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| CLAIMS   | NUMBER FILED                | NUMBER EXTRA  | RATE       |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| Total claims   | 14 - 20 =                   |   | x          | \$                       | 0.00     |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| Independent claims   | 3 - 3 =                     |   | x          | \$                       | 0.00     |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |                             | + 360.00  | \$         | 360.00                   |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |                             |   |            | \$                       | 1,360.00 |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <b>SUBTOTAL = \$ 1,360.00</b>  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <b>TOTAL NATIONAL FEE = \$ 1,360.00</b>  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| <b>TOTAL FEES ENCLOSED = \$ 1,360.00</b>   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
|  |                             |   |            | Amount to be refunded:   | \$       |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
|  |                             |   |            | Amount to be charged:    | \$       |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 12-1095 in the amount of \$ 1,360.00 to cover the above fees. A duplicate copy of this sheet is enclosed.  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| SEND ALL CORRESPONDENCE TO:    |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| SIGNATURE: Scott E. Charney  |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| NAME   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |
| CUSTOMER NUMBER: 000530 REGISTRATION NUMBER 51,548   |                             |   |            |                          |          |                                     |                             |          |    |        |  |                                     |                          |          |    |        |  |                                     |                     |          |    |        |  |  |  |  |    |          |  |